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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Art Unit	2665
Examiner Name	Jason E. Mattis
Attorney Docket Number	BS00337

**ENCLOSURES**

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:  		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	11/9/05		

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	11/10/05
Signature	<i>Maureen M. Pettine</i>		

NOV 10 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Linda Ann Roberts      Group Art Unit: 2665  
Application No.: 09/855,804      Examiner: Jason E. Mattis  
Filed: May 16, 2001  
Title: "Priority Caller Alert"

VIA FACSIMILE 571-273-8300

Attn: Examiner Jason E. Mattis

## 37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 11/10/05 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

November 10, 2005

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

11/14/2005 MBINAS 00000003 09055804

01 FC:1806

180.00 OP

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters  
Attorney for Applicants  
Registration No. 45,197  
P. O. Box 5743  
Williamsburg, VA 23188  
Telephone: 757.253.5729

Date: 11/9/05

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/855,804</td> </tr> <tr> <td>Filing Date</td> <td>May 16, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Linda Ann Roberts</td> </tr> <tr> <td>Examiner Name</td> <td>Jason E. Mattis</td> </tr> <tr> <td>Art Unit</td> <td>2665</td> </tr> <tr> <td>Attorney Docket No.</td> <td>BS00337</td> </tr> </table>				Application Number	09/855,804	Filing Date	May 16, 2001	First Named Inventor	Linda Ann Roberts	Examiner Name	Jason E. Mattis	Art Unit	2665	Attorney Docket No.	BS00337																																			
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Other (e.g., late filing surcharge): Supplemental IDS Fee																																																						
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<b>SUBMITTED BY:</b>																																																						
Name (Print/Type)		Bambi F. Walters		Complete (if applicable)																																																		
Registration No.		45,197		Telephone: (757) 253-5729																																																		
(Attorney/Agent)																																																						
Signature		Bambi F. Walters		Date 11/9/05																																																		

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# FEE TRANSMITTAL

## for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/855,804
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First Named Inventor	Linda Ann Roberts
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<b>TOTAL AMOUNT OF PAYMENT</b>	<b>\$180.00</b>
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**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other  
☐ Deposit Account Deposit Account No. 19-2167

**Deposit Account Name:**

**The Director is authorized to: (check all that apply)**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee  
☒ Credit any overpayments

### FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES			SEARCH FEES		EXAMINATION FEES		
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Utility	300	150	500	250	200	100	_____	
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#### 4. OTHER FEE(S)

**Non-English Specification, \$130 fee (no small entity discount)**

Other (e.g., late filing surcharge): Supplemental IDS Fee

180.50

**SUBMITTED BY:**

**Complete (If applicable)**

<b>Name (Print/Type)</b>	Bambi F. Walters	<b>Registration No. (Attorney/Agent)</b>	45,197	<b>Telephone:</b>	(757) 253-5729
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Signature	Phil J. Walters
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Date \_\_\_\_\_

11/9/05

PAGE 7/7 \* RCVD AT 11/10/2005 11:50:05 AM [Eastern Standard Time] \* SVR:USPTO-EFXRF-8/27 \* DNIS:2738300 \* CSID:7572535729 \* DURATION (mm-ss):04-02